

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|---------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>bm</i> | | <i>05-30-61</i> |
| FORMALITY REVIEW | <i>FR</i> | <i>1018</i> | <i>7-85-01</i> |
| RESPONSE FORMALITY REVIEW | <i>CC</i> | <i>5C1114</i> | <i>10-12-01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

5-30
 10-12-01
 5-01